



# PRACTICE MANAGEMENT

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## The “Surprise” Second Opinion

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While most patients will tell you why they are coming to you and whether or not you are a second, third or fourth opinion, they are not always forthcoming. These cases can be challenging because you don't find out until the end of your case presentation that there is an issue.

Often when patients are seeking a second opinion they think that if they tell you what the other practitioner found that it will in some way influence your testing and/or conclusion. So they choose to “wait and see” what you find and recommend.

In many cases, patients seek a second opinion when they don't understand the original diagnosis or treatment recommendation, they have concerns or they are not comfortable with the treatment approach. For example, many parents don't want to put their child through eye surgery if they can avoid it.

While the internet is a tremendous resource for parents, it can be challenging to navigate the terminology and weed out what applies to their child. So, by the time the parents come to your office they can be fairly confused.

In the cases where the parents have chosen to remain silent about their search until you have reached

the conclusion of your case presentation, it may catch you off guard; especially when you see it as a routine case. So — what should you do?

Depending on how confused the parents are, their questions may make it seem as though they are arguing with you, or that they are mad at you. It is important not to take it personally. It is now your job to relax, and start by asking them some questions.

The first question would be, “What prompted you to get a second opinion after you saw the first professional?” Make sure you understand their answer. If not, ask for clarification.

If they have seen 2, 3, 4 or more professionals,

be patient and ask about what the other professionals have recommended as well. Find out what their concerns are about these recommendations. You may even ask them what makes sense to them about what the other professionals said, and then ask what does NOT make sense to them. It is your job to

help them sort out the information and get a better understanding. Why? It is hard to make a decision when one is confused.

Once you get a clear idea of their confusion regarding the diagnosis and recommended treatment plans, you should be able to educate them on the best approach to helping their child. In this situation trying to appeal to their emotions does not work; education is the key.

Demonstrations are helpful but only one part of educating patients. The words you use when talking with patients can make a big difference in how much they will understand. Most doctors use too much clinical language when talking with patients which blocks the patients' ability to understand. When I say “most doctors,” I am including ALL medical professionals.

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A general rule of thumb that I recommend is to pretend you are talking with a 6th grader. How simply would you explain things without appearing to “talk down” to them?

Remember what your model of vision was before optometry school? If you were to make a list of all the terms you learned in optometry school, those would be the terms that the majority of the public do not understand.

The key is learning how to translate clinical terms into understandable concepts that motivate your patients to follow your treatment recommendations. If you are not sure how to educate patients, consultants who specialize in this can teach you how to educate patients so that they fully grasp the diagnosis and are

motivated to start and complete treatment. If you are uncertain of the concepts you are trying to explain to your patients then you need to ask your mentor or attend continuing education courses. Fortunately, there are some excellent educational programs available through COVD and OEPEF, as well as other resources that are available to assist you.

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